	Ellective December 8, 2004							/0/634500						
	RCE CLAIMS AS FILED - PART I (Column 1) (Column 2)							Small entity			OTHER THAN OR SMALL ENTITY			
	TOTAL CLAIR						RATE	FE		RATI	FEE			
·	FOR	NUMBI	NUMBER FILED 22 minus 200		NUMBER EXTRA		Basic Fi	E MOR	10	BASICF	EE ADDP	a		
	TOTAL CHARG	22.					X\$ 25=		o	R X\$50	=			
!!!}	INDEPENDENT			minus 3 =				X100=		0	R X200=	:		
	MULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				+180=		0	A +360=			
•	If the differen	ce in column 1 i	s less than	ess than zero, enter "0" in column			i <u>L</u>	TOTAL	-	O	<u> </u>	790	7	
	Claims as amended - part 11										OTHE	r than		
		(Column 1)		(Colum		(Column 3) SM			EMMIA	OF		- Enula	- -	
	8/24/7	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE	- 4	RATE	ADDI- TIONA FEE	- 51	
ADDEDVIDED	Total	· 22	Minus	- 28	3	E	;	X\$ 25=		OF	X\$50=			
Page	Independent		Minus	J 3		g		X100=	1		X200=	\downarrow	╢ .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	74200-		-	
-			·				Ŀ	+180=		OR	+360=	.]	+	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		<u> </u>	
		(Column 1)		(Columi	2)	(Column 3)				<u>ر</u> يد 	, COII. (CL			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
100	Total	4	Minus	00		=	¥	\$ 25=	TEE		X\$50=	FEE	1	
AMENDMENT	Independent	۰	Minus	000		=		100=		OR			1	
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT C	LAIM	AIM 🔲		100=		OR	X200=			
					·		+	180=		OR	+360=			
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE			
حجم	,	(Column 1)		(Column		(Column 3)			•				1	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	R		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
ROB	Total	o .	Minus	\$6		=	X\$	25=		OR	X\$50=			
APPRE	Independent		Minus	000		=	X1	00=		.	X200=			
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+360=			
of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE														
. 1	The "Highest Num	ber Previously Paid	For* (Total or	Independent)	is the h	ghest number (c	nt fanuc	gue appro	xod etainqu	in cotu	mn.1.			
FORM	PTO-078 (Rev. 10/	041	· · · · · · · · · · · · · · · · · · ·			Pa	dent cho	Tredament t	tı Office, U.S	. DEPA	RTMENT OF C	XXXXERCE		